

Homemaker Service in New Jersey

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COMMUNITY homemaker service in New Jersey is a locally sponsored nonprofit activity to place women workers in households in which they are needed because of illness or disability or other family emergency. The placement of the worker is made by the local agency after evaluation of the home situation. The hours of service vary according to the family's need. Payment for the service is an obligation of the family or of a community agency if the family cannot afford to pay.

Homemakers are mature women selected for their personality, dependability, good health, and special interest in working with families in which there is a family crisis. After screening and acceptance by a local committee, they take a standardized 19-hour training course. Those who complete the course satisfactorily receive a certificate. The course is sponsored and financed by the New Jersey State Department of Health's division of chronic illness control and administered through the extension division of Rutgers, the State University. Upon acceptance for service by the agency, the homemakers are given physical examinations, including chest X-rays and blood tests. They receive cards indicating they are in good health and they wear standard uniforms. While employed, they are covered by workmen's compensation, public liability insurance, and social security. This is arranged by the sponsoring agency.

What Homemakers Do

Homemakers do light housekeeping. They are not expected to do a huge family wash nor the spring or fall housecleaning. Nor are they a new category of domestics to do cleaning.

Fundamentally, their task is to assist the members of the family in maintaining a smoothly running household. They may set the house in order by straightening up, dusting, washing the dishes, and keeping the patient's room clean and fresh. They may plan or actually do the marketing, depending on the availability of other personnel in the family. They may prepare meals for the family, including lunches for the children and the breadwinner. They also prepare meals for the patient with due regard to the instructions of the physician. (Some orientation to the special dietary needs of sick persons is given in the preliminary training course which is a prerequisite to employment.) Homemakers provide essential care for young children and encourage well members of the family to carry their share of responsibility.

Homemakers are specifically advised that they are not to do bedside nursing or other nursing duties. Thus they complement rather than substitute for or compete with a community visiting nurse or practical nurse service.

The homemaker develops on the job. She is periodically supervised on the job. She is required to report on each case and confer frequently with her supervisor. These reports and conferences provide evidence of her competence, her reaction to illness and family situations and to the work she is performing. She aids the agency in evaluating the needs of the family and the length of service required. Her observations often are helpful to the supervisor and the physician; physicians and families volunteer

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information to the agency about the homemaker's competence and performance.

Effects of the Service

Community homemaker service helps to prevent a breakdown in the orderly management of the household because of illness or other family emergency. It prevents inadequate supervision of children; poor family nutrition; disproportionate burdens on some members of the household which could produce fatigue, worry, anxiety, resentment, and hostility; loss of efficiency; absence from work of employed members of the household; and absence from school of older children. Physicians say the service has prevented temporary breakup of the household, removal of sick persons from familiar surroundings to institutions, and placement of children with relatives or in foster homes.

From the standpoint of the community, the homemaker service may free more hospital beds for the acutely ill, may decrease demand for custodial facilities, and may eliminate the cost of avoidable institutional care.

History of Development

The promotion of community homemaker service in New Jersey is an outgrowth of the State health department's interpretation of its responsibilities under the Prevention of Chronic Illness Act of 1952 (chapter 102, Public Laws of 1952). This State legislation established within the department a division of chronic illness control. The division was directed to assume responsibility for activities directed toward the prevention, early detection, and control of chronic illness and the rehabilitation of the chronically ill.

Section 26: 1A-97-b of the Prevention of Chronic Illness Act provides that the division shall "plan for the provision of adequate visiting nurse and housekeeping aid services by appropriate public or private agencies throughout the State, to the end that the nursing and medical care being furnished to the chronic sick in their own homes shall be improved in every manner possible."

It is not the function of the New Jersey State Department of Health to provide direct serv-

ices to the consumer; its function is to strengthen the community's capacity to provide such services. The division's effort helps to stimulate the development of community supportive services; the division does not directly provide that service through its own staff and personnel.

Prior to the creation of the State Consultant Committee on Community Homemaker Service, there were three homemaker services operating in New Jersey, two of them of the traditional type. These two were attached to family service agencies and provided help on a full-time basis to distressed families on the rolls of the agency, using an average of two homemakers in each agency.

In 1950, the third homemaker service, specifically planned to meet the needs of long-term patients, was started in Essex County under the sponsorship of the Essex County Medical Society. The primary objective was to lessen the emotional and financial toll of long-term illness by making it possible to care for the patient in his own home. Service was provided initially to the chronically ill. Later, homemaker service was provided to some persons with short-term illness, especially when it seemed likely that such help might prevent the illness from being prolonged.

The Essex County service served as a pattern for additional agencies. Recruiting homemakers from middle-aged and older women constituted a new approach. It provided satisfying work to a group which was otherwise finding it difficult to obtain employment in the labor market. The limited time basis on which the service is given, usually 2 to 6 hours per day, makes it particularly suitable for some women who might not feel physically capable of full-time employment.

In 1953, Dr. Daniel Bergsma, State commissioner of health, appointed the State Consultant Committee on Community Homemaker Service to promote the development of community homemaker services throughout the State. He asked the committee to develop a plan for community homemaker service specific enough to be used as a practical guide to interested communities but flexible enough to be adaptable to local conditions. He also asked it to develop a

Homemaker Films

"Home Again" was prepared for the New Jersey State Department of Health and the American Heart Association. It may be purchased from the Mental Health Film Board, Service Department, 267 West 25th Street, New York 1, N.Y. The price is \$145. Copies of the filmstrip "Enter Hope" are unavailable for distribution outside of New Jersey.

course of study to help women who seek such employment to become suitable homemakers. Members of this committee have included physicians, lawyers, nurses, nutritionists, social workers, teachers, persons trained in informational techniques, and persons with considerable experience in organizational work. The first chairman, who served for 4 years, was a member of the Temporary Committee on the Chronic Sick appointed by the Governor to study needs and recommend legislation. This committee drafted the Prevention of Chronic Illness Act.

The State consultant committee, which originally had 10 members, now has 40. The committee has subcommittees working on such areas of activity as intake criteria, procedures, resources, fees, insurance, publicity, and financial support. The department maintains membership with the National Committee on Homemaker Service.

A handbook, which presented a plan for community homemaker service, was one of the first projects and was published by the State department of health. It has received wide circulation. Another pamphlet is entitled "A Training Course in Homemaker Service." Shorter, descriptive, promotional brochures were also developed for distribution among potential users of the services.

A statewide institute and, subsequently, regional institutes on homemaker service acquainted community leaders with the service and how it operates.

As a result of conferences between the division of chronic illness control, its consultant committee, and officials of the New Jersey State Department of Banking and Insurance, a special category of "homemaker" was set up by

the banking and insurance department, enabling insurance carriers to charge an equitable rate which is adjusted each year on the basis of claims.

The division of chronic illness control and its consultant committee explored with the New Jersey State Department of Labor and Industry the status of the volunteer agency under employment laws in the event a small fee for administration was added to the hourly rate paid to the homemaker herself. (The hourly rate to the homemaker is usually \$1.25.) The New Jersey State Department of Labor and Industry concluded that the community homemaker service, as a voluntary nonprofit group, was exempt from regulations which apply to commercial employment agencies, provided the agency files the proper exemption forms.

Promotional Aids

Promotional aids, in addition to printed material, include a color filmstrip with sound recording and a 30-minute film. The filmstrip, entitled "Enter Hope," is a true story in pictures of community homemaker services in New Jersey. It shows the training homemakers receive, the kinds of service they give, and the benefits that accrue to the patient, the aged person, and the family group.

The film "Home Again" reveals the valiant efforts of a father to keep his family together when the mother is in the hospital because of a heart attack. For the first time in an American film, the role of the homemaker service is dramatized. The film also demonstrates how homemaker service by a supervised team approach can keep a family together in time of crisis and how it can help relieve emotional tensions and stresses and strains that impede recovery of the chronically ill.

Members of the State consultant committee, through their widespread and influential contacts, have inspired and helped to arrange local meetings on community homemaker service, and have spoken at many of them. The division of chronic illness control of the State department of health has fostered the program by underwriting the cost of the homemaker training course administered by Rutgers University. The division provides temporary grants-in-aid

National Homemaker Conference

About 300 persons attended the National Conference on Homemaker Services held February 10-11, 1959, in Chicago.

The conference was called to encourage development of programs to help families maintain themselves at home when illness or other major crises occur. Sponsored by 26 national voluntary agencies and 8 units of the Department of Health, Education, and Welfare, it was described as the most representative conference on homemaker services ever held in this country. About one-half of the participants had attended preconference study groups in New York City, Chicago, San Francisco, Cleveland, Raleigh, Denver, and Trenton.

The concept that homemaker services should be available to any family or individual on the basis of need, regardless of income or age, was set forth.

Agreement was reached that if homemaker services are to be extended nationwide, a partnership of agencies at Federal, State, and local levels is required.

Dr. David E. Price, chief, Bureau of State Services, and Assistant Surgeon General of the Public Health Service, in an address on the health-welfare partnership, said, "The mutual interest of the health

and welfare professions in extending homemaker services affords a good illustration of how closely health change and social change bind us in an inextricable partnership. The longer lifespan, a health gain, has given us an older population with consequent increase in chronic ills. These long-term disabilities in turn bring economic and emotional problems which can lead to more physical illness. Smaller families, working wives, and the change to an urban, apartment civilization—a social change—often give us no one to care for the bedridden and homebound. And so it goes, round and round, health-welfare, welfare-health. In the middle stands the homemaker, a personification of our partnership."

Dr. Price summarized, "I have noted a growing trend in health departments toward a research approach to public health practice. We are encouraging this in every way possible. At the State and local level, fresh ways of meeting health needs are being sought, trying to fit methods to people, rather than forcing people into rigid patterns of established procedure. In such a search, homemaker services should prove of interest to many."

in some instances to enable community homemaker services to acquire either part-time or full-time directors to strengthen supervision of the service in the home or to demonstrate countywide coverage and underwrites the cost of educational materials, training aids, and State conferences.

The training course for homemakers, given in various municipalities to make it more convenient for women to attend, includes consideration of these topics: what homemaker service is; working with people; homemaker and family relationships; accident prevention and safety in the home; family life in relation to food and home care; understanding children, the elderly, and mental illness; understanding

what occupational therapy is; and agency procedures.

There are now 12 established homemaker services in New Jersey, and more than 600 women have been trained as homemakers since June 1954. Most of the services are working toward a county service. Activity in four other counties gives promise of favorable development. From a population standpoint, more than half of the residents of New Jersey now have established homemaker services available to them. Geographically, more than one-third of the State is thus served. One objective of the health department and of its State consultant committee is to have such a service available to all families in New Jersey who need it.